## ARIZONA DEPARTMENT OF HEALTH SERVICES

STATE OF ARIZONA	CERTIFICATE NO
} ss County Of Maricopa	DOCKET NO. EMS 2715
THE ARIZONA DEPART	MENT OF HEALTH SERVICES has found, under the authority of A.R.S. §36-2232 et seq. and vices rules, that public necessity requires the operation of
pursuant to Department of Reach Ser	HOLBROOK E.M.S., INC.
ground ALS and BL	
sick, injured, wounded or otherwise inca	ambulance service in the State of Arizona for the transportation of individuals who are pacitated or helpless within the following service area, with the following central operations station
and response times:  1. Service Area: The City of	f Holbrook and the following general geographical area that would be
encompass	ed by the following points: Starting West on I-40 to Jackrabbit or
	70, then due North approximately 14 miles, then Northeast on a straight shochi, then Southeast on a straight line to the top of Petrified Forest
	ark at the Navajo and Apache County Line, then South along the Navajo
and Apach	e County Line approximately 3 miles past U.S. Highway 180, then due
	straight line to a point approximately eight miles past intersection with
origin.	way 377, then due North to I-40 at Jackrabbit or Milepost 270 and point of
	DITAT DEUS I VAN
2. Central Operations Station	Holbrook, Arizona (410 East Iowa).
3. Response Times:	
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a. Ten (10) minutes on eig	hty-five (85) percent of all ambulance calls.
	ninety-five (95) percent of all ambulance calls / he hundred (100) percent of all ambulance calls.
u. 1mrty (50) minutes on	
Now, therefore, by virtue of	the authority vested in the Arizona Department of Health Services, under the constitution
and laws of the State of Arizona, doe	s nereby grant this
	RENEWAL
. 0	CERTIFICATE OF NECESSITY
buthorizing the operation of the afores	said ambulance service for a period endingAugust 31, 2006
inless for cause sooner amended, s	suspended, revoked or terminated subject to the decisions and orders, and rules of the
Department.	
PROVIDED, that this certifice of Health Services.	ate shall not be assigned nor transferred unless authorized by the Arizona Department
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	BY THE ODDED OF THE ADIZONA DEDADTMENT OF HEALTH SEDVICES IN
1	BY THE ORDER OF THE ARIZONA DEPARTMENT OF HEALTH SERVICES, IN
	WITNESS WHEREOF, I CATHERINE R. EDEN the Director of the Arizona Department of Health Services, have hereunto set my
	hand and caused the official seal of the Ariaona Department of Health Services
4 16	to be affixed at Phoenix, Arizona on